

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.	70255	1-21-60
OLIP CLASSIFIER	KW	37	2/8
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	W	64830	2-18

INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
— (Through numeral)	..... Canceled	A	..... Appeal
÷	..... Restricted	O	..... Objected

CLASS

TITLE OF INVE**APPLICANT(S)**[illegible]

☐ **TERMINAL
DISCLAIMER**

☐ The term of the contract shall be for a period of _____ subsequent to _____ has been disclaimed.

☐ The term of

not extend beyon

of U.S Patent. N

☐ The terminal
this patent have

WARNING:
The information disclosed herein is for the use of the recipient only. Possession outside the recipient's organization is prohibited.

Form PTO-436A
(Rev. 6/99)

Claim	Final	Original	Date
1	✓	✓	08/05/02
2	✓	✓	11/12/02
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
19	✓	✓	✓
20	✓	✓	✓
21	✓	✓	✓
22	✓	✓	✓
23	✓	✓	✓
24	✓	✓	✓
25	✓	✓	✓
26	✓	✓	✓
27	✓	✓	✓
28	✓	✓	✓
29	✓	✓	✓
30	✓	✓	✓
31	✓	✓	✓
32	✓	✓	✓
33	✓	✓	✓
34	✓	✓	✓
35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	✓
38	✓	✓	✓
39	✓	✓	✓
40	✓	✓	✓
41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	✓
45	✓	✓	✓
46	✓	✓	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim		Date					
Final	Original						
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							

Claim		Date					
Final	Original						
101							
102							
103							
104							
105							
106							
107							
108							
109							
110							
111							
112							
113							
114							
115							
116							
117							
118							
119							
120							
121							
122							
123							
124							
125							
126							
127							
128							
129							
130							
131							
132							
133							
134							
135							
136							
137							
138							
139							
140							
141							
142							
143							
144							
145							
146							
147							
148							
149							
150							

BEST AVAILABLE COPY

**If more than 150 claims or 10 actions
staple additional sheet here**

(LEFT INSIDE)